

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214517030</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>BERKEL &amp; COMPANY, CONTRACTORS, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS INC</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>KS</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2014</b></p> <p>SCC ID NO: <b>F0405607</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMA</td> <td>5,000</td> </tr> <tr> <td>COMB</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	5,000	COMB	5,000
CLASS	AUTHORIZED							
COMA	5,000							
COMB	5,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: P.O. BOX 335 2649 SOUTH 142ND STREET</p> <p style="text-align: center;">CITY/ST/ZIP: BONNER SPRINGS, KS 66012</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALAN R ROACH  TITLE: PRES/COO  ADDRESS: 18619 W66TH PL  CITY/ST/ZIP/CO: SHAWNEE, KS 66218 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ALAN R ROACH TITLE: PRES/COO ADDRESS: 18619 W66TH PL CITY/ST/ZIP/CO: SHAWNEE, KS 66218	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
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NAME:	RANDY THOMAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4864 BROWNSVILLE ROAD		
CITY/ST/ZIP/CO:	POWDER SPRINGS, GA 30127		
NAME:	DAVID WEATHERER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7827 OVERHILL ROAD		
CITY/ST/ZIP/CO:	BETHESDA, MD 20814		
NAME:	GREGORY P. WELICKY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	414 ALLCUT AVE		
CITY/ST/ZIP/CO:	BONNER SPRINGS, KS 66111		
NAME:	SUSAN E MARTLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	20620 163RD STREET		
CITY/ST/ZIP/CO:	BASEHOR, KS 66007		
NAME:	GRANT WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	7530 PFLUMM		
CITY/ST/ZIP/CO:	LENEXA, KS 66216		
NAME:	JAMES BUTLER JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 12290		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66212		
NAME:	PAUL HUSTAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12513 FAIRWAY		
CITY/ST/ZIP/CO:	LEAWOOD, KS 66209		
NAME:	GERALD MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3746 BIRCHWOOD DRIVE		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64137		
NAME:	ROBERT REINTJES, SR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 410856		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64141		
NAME:	Richard A Ruiz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6727 Meadowlark Lane		
CITY/ST/ZIP/CO:	Shawnee, KS 66226		
NAME:	Terence P Butler	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2202 East Mount Zion Road		
CITY/ST/ZIP/CO:	Crestwood, KY 40014		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian R Zuckerman VICE PRESIDENT 855 Folsom Street, Suite #703 San Francisco, CA 94107	<input checked="checked" type="checkbox"/> OFFICER  <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ GRANT WHITE	GRANT WHITE, CFO	3/31/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		